

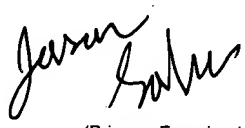


Issue Classification 	Application/Control No.	Applicant(s)/Patent under Reexamination	
	09/881,075	LECOMTE, DANIEL	
	Examiner	Art Unit	
	Jason P. Salce	2623	

ISSUE CLASSIFICATION									
ORIGINAL			CROSS REFERENCE(S)						
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)						
725	28	725	25	27	29	30	31	34	90
INTERNATIONAL CLASSIFICATION		725	116	146	133	87	89		
H 0 4 N	7 / 16	375	240.11	240.12	240.13	240.14	240.15	240.16	240.17
	/	375	240.18	240.25	240.26	240.27	240.28	240.29	
	/	709	219						
	/	713	193						
	/	380	205						
(Assistant Examiner) (Date)		<i>Jason Salce</i> 3/2/08 (Primary Examiner) (Date)				Total Claims Allowed: 18			
(Legal Instruments Examiner) (Date)						O.G. Print Claim(s) 1		O.G. Print Fig. 1	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
	1		31		61		121		181
	2		32		62		122		182
	3		33		63		123		183
	4		34		64		124		184
	5		35		65		125		185
	6		36		66		126		186
	7		37		67		127		187
	8		38		68		128		188
	9	1	39		69		129		189
	10	2	40		70		130		190
	11	3	41		71		131		191
	12	4	42		72		132		192
	13		43		73		133		193
	14		44		74		134		194
	15	5	45		75		135		195
	16	6	46		76		136		196
	17	7	47		77		137		197
	18	8	48		78		138		198
	19	9	49		79		139		199
	20	10	50		80		140		200
	21	11	51		81		141		201
	22	12	52		82		142		202
	23	13	53		83		143		203
	24	14	54		84		144		204
	25	15	55		85		145		205
	26	16	56		86		146		206
	27	17	57		87		147		207
	28	18	58		88		148		208
	29		59		89		149		209
	30		60		90		150		210

Issue Classification 	Application/Control No.	Applicant(s)/Patent under Reexamination	
	09/881,075	LECOMTE, DANIEL	
	Examiner	Art Unit	
	Jason P. Salce	2623	

ISSUE CLASSIFICATION									
ORIGINAL		CLASS	CROSS REFERENCE(S)						
CLASS	SUBCLASS		SUBCLASS (ONE SUBCLASS PER BLOCK)						
		705	57	58					
INTERNATIONAL CLASSIFICATION									
	/								
	/								
	/								
	/								
	/								
(Assistant Examiner) (Date)		 (Primary Examiner)					Total Claims Allowed:		
(Legal Instruments Examiner) (Date)							O.G. Print Claim(s)		O.G. Print Fig.
		3/2/09 (Date)							

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
	211		241		271		301		331		361		391		420
	212		242		272		302		332		362		392		
	213		243		273		303		333		363		393		
	214		244		274		304		334		364		394		
	215		245		275		305		335		365		395		
	216		246		276		306		336		366		396		
	217		247		277		307		337		367		397		
	218		248		278		308		338		368		398		
	219		249		279		309		339		369		399		
	220		250		280		310		340		370		400		
	221		251		281		311		341		371		401		
	222		252		282		312		342		372		402		
	223		253		283		313		343		373		403		
	224		254		284		314		344		374		404		
	225		255		285		315		345		375		405		
	226		256		286		316		346		376		406		
	227		257		287		317		347		377		407		
	228		258		288		318		348		378		408		
	229		259		289		319		349		379		409		
	230		260		290		320		350		380		410		
	231		261		291		321		351		381		411		
	232		262		292		322		352		382		412		
	233		263		293		323		353		383		413		
	234		264		294		324		354		384		414		
	235		265		295		325		355		385		415		
	236		266		296		326		356		386		416		
	237		267		297		327		357		387		417		
	238		268		298		328		358		388		418		
	239		269		299		329		359		389		419		
	240		270		300		330		360		390		420		